



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 1752.1A

Code 0304

14 March 1994

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 1752.1A

From: Commanding Officer

Subj: CHILD AND SPOUSE/PARTNER ABUSE

Ref: (a) NAVMEDCOMINST 6320.22
(b) OPNAVINST 1752.1
(c) CCO 1752.1A
(d) California Senate Bill No. 1506, Chapter 348
(e) MCO 1752.3B

Encl: (1) Definitions
(2) Spouse Abuse/Rape Checklist
(3) Child Abuse Checklist
(4) DFALO Sexual Assault Guidelines
(5) DFALO Spouse Abuse Guidelines
(6) DFALO Child Abuse Guidelines

1. Purpose. To publish policies and procedures for Naval Hospital, Twentynine Palms, California (NHTP) regarding child and spouse/partner abuse, consistent with references (a) through (d), and to define the relationship between the Family Advocacy Program (FAP) implemented by Family Service Center (FSC) Marine Corps Air Ground Combat Center (MCAGCC) and NHTP.

2. Cancellation. NAVHOSP29PALMSINST 1752.1.

3. Background. The development of the Family Advocacy Program is an outgrowth of child advocacy and spouse abuse programs developed in the 1970s. These programs are incorporated and expanded within the FAP. FAP was transferred to the FSC, MCAGCC on 3 October 1991, from NHTP, forfeiting legal or authoritative control on this program.

4. Definition. For the purpose of this instruction, Family Advocacy is defined as a program which includes identifying, evaluating, intervening, treatment, and preventing abuse and neglect which are categorized as follows:

- a. Physical Abuse
- b. Sexual Abuse
- c. Physical Neglect
- d. Psychological Abuse
- e. Psychological Neglect

5. Action

a. Family Advocacy Liaison Officer (FALO) shall:

- (1) Be appointed in writing by the Commanding Officer.
- (2) Be a credentialed staff provider at NHTP.
- (3) Enhance information flow between the FAP and NHTP.
- (4) Ensure and enhance implementation of the FAP at NHTP.
- (5) Ensure a member of the Mental Health Department serves on the MCAGCC Case Review (CRS), Child Abuse and Spouse Abuse subcommittees.
- (6) Notify the MCAGCC Family Advocacy Representative (FAR) whenever an incidence occurs.
- (7) Ensure a Family Advocacy Standard Operating Procedure (SOP) Manual is maintained at the Officer of the Day (OOD) Desk.
- (8) Represent NHTP in coordinating, facilitating and promoting FAP programs.
- (9) Ensure staff receives required training.
 - (a) Credentialed Medical Corps Officers, civilian physicians and clinical psychologists (civilian and military) shall receive a minimum of four hours of training every two years on diagnosis and disposition of spouse and child abuse maltreatment cases.
 - (b) Command Duty Officers (CDO), Medical Service Corps Officers, military and civilian nurses, OOD watchstanders, all corpsmen assigned to outpatient clinics, Emergency Medicine Department or Mental Health Department shall receive a minimum of three hours of training every two years on identification and referral of child and spousal maltreatment cases.
- (10) Advise the Commanding Officer in matters pertaining to child and spouse/partner abuse.
- (11) Serve as an advisor to the FAP in the medical aspects of family advocacy issues.

b. Officer of the Day (OOD) shall:

- (1) Be the designated Duty FALO (DFALO) if the FAR is unavailable or after working hours.

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(2) Notify the FAR on the next working day after the incident.

(3) Be responsible for the terms contained in enclosure (1).

(4) Follow procedures in cases of suspected or established abuse provided in enclosures (2) through (6).

c. Medical Corps personnel and civilian physicians, after the patient is medically stabilized shall:

(1) Notify the OOD of all suspected child abuse.

(2) Follow procedures in cases of suspected or established abuse provided in enclosures (2) through (6).



C. S. CHITWOOD

Distribution:

List A

CDO/OOD Watchstanders



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
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TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 1752.1A CH-1

Code 550

26 September 1994

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 1752.1A CHANGE
TRANSMITTAL 1

From: Commanding Officer

Subj: CHILD AND SPUSE/PARTNER ABUSE

1. Purpose. To transmit change 1 to the basic instruction.

2. Action

a. Remove page 4 of enclosure (2).

b. Make pen and ink changes as follows: change page numbers 1 of 5, 2 of 5, 3 of 5, and 4 of 5 of enclosure (2) to read "1 of 4", "2 of 4", "3 of 4" and "4 of 4" respectively.

C. S. Chitwood

C. S. CHITWOOD

Distribution:
List A

DEFINITIONS

1. Base Family Advocacy Program Officer (FAPO). The Director, Family Services Center serves in this capacity. FAPO serves as a member of the Family Advocacy Committee, ensuring that each unit has a properly trained FAPO.

2. Case. An alleged victim of abuse or neglect. Case refers to all incidents involving one particular victim. Each victim in a family is a separate case.

3. Case Status. The finding at the time the case is staffed. Possible determinations include:

a. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse or neglect has occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that the abuse or neglect did not occur. Investigation refers to an assessment by the FAR or social service agency, not a police or PMO investigation.

b. Unsubstantiated. There are two categories for unsubstantiated cases:

(1) Did not occur. An alleged case that has been investigated and the available information is not only insufficient to support the claim that maltreatment did occur, but additionally, there is convincing evidence indicating that no maltreatment occurred.

(2) Unresolved. An alleged case that has been investigated and the available information is insufficient to support the claim that maltreatment did occur. Case status in this category is distinguished from the above category in that needed assessment information is unavailable or unobtainable.

4. Child Abuse and Neglect. This phrase includes physical injury, sexual maltreatment, emotional maltreatment, and deprivation of necessities. The term encompasses both acts and omissions. "Child" is defined as a person under 18 years of age who is not married or emancipated. The offender can be any person, civilian or military, related to or not related to the victim. The term also includes victims of any age who are incapable of self-support because of a mental or physical incapacity for whom treatment in a Medical Treatment Facility (MTF) is authorized.

5. Clergy-Penitent Relationship. The clergy-penitent relationship is an evidentiary rule, contained in the Manual for Courts-Martial, Chapter 27, Rule of Evidence 503, which restricts the rights of courts to require testimony in the relationship between clergy and penitent in matters of religion or conscience.

6. Extrafamilial. Term used to describe a child abuse or neglect case in which the offender's relationship to the child is outside the family. This category ranges from known individuals to the victim by blood or marriage to individuals unknown to the victim.

7. Elder or Parent Abuse. Abuse of a parent(s) initiated by children. Elder abuse ranges from known individuals living or visiting in the same residence who may or may not be related to the victim by blood or marriage to the victim.

8. Family Advocacy Committee (FAC). A committee established by the installation commander. This is a multi-disciplinary committee whose purpose is to assist in the coordination and oversight of the installation-wide Family Advocacy Program.

9. Family Advocacy Program (FAP). A program designed to address all aspects of intervention concerned with maltreatment involving military personnel and their dependents. This intervention includes identification, evaluation, treatment and education, case management, and prevention.

10. Incest. Any sexual activity between persons who are closely related by blood or legally, such as by adoption. Sexual abuse by familial caretakers (other live-in guardians) may sometimes be viewed as incest depending upon the specifics of the case. For purposes of the Family Advocacy Program, any sexual activity occurring between a parent or step-parent and a child in their care and custody is considered incest. Sexual activity between parent or step-parent and same sex child is to be initially treated and managed as incest, not homosexuality.

11. Intrafamilial. Term used to describe a child abuse or neglect case in which the perpetrator has the responsibility for the child's welfare and is either a parent or is related by blood or marriage.

12. Maltreatment. A generic term which includes all forms of abuse or neglect covered in the FAP.

CHECK LIST
SPOUSE ABUSE OR RAPE

DATE: _____

DUTY DOCTOR _____ OFFICER OF THE DAY _____

OOD'S INITIALS	SEQUENCE TO FOLLOW	REMARKS
	1. Determine if Family Advocacy Case	Check one: Spouse Abuse _____ Possible Rape _____
	2. Privacy Act Signed Page 2 of checklist	
	3. Fill out Demographic Grid Sheet. Page 3 of checklist	
	4. Narrative of incident by victim. Page 5 of checklist	
	5. Describe signs of abuse on ETR and indicate on anatomical chart (copy ETR for FAR) page 5 of checklist	
	6. Call photographer after Medical Officer Examination if required. (color film only)	
	7. Arrange follow-up contact with doctor and/or social worker	
	8. FAR notified Notified	Time
	9. Medical Officer Notified	Time
	10. NCIS Notified	Time

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DD FORM 2005 (PRIVACY ACT STATEMENT HEALTH CARE RECORDS)

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SUPPLEMENTAL INFORMATION SHEET; CHILD/SPOUSE/NEGLECT SEXUAL
ASSAULT OR RAPE

Complete accurately, as this forms the basis of legal and NAVMED
reports required by California law and BUMED instructions.

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Name of Abused/Neglected	Sex: Male____ Female____	Race: Caucasian____ Black____ Other____
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(Last, First, MI)

Birthdate:_____
(Y/M/D)

Name of Sponsor	SSN:	Relationship
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(Last, First, MI)

Birthdate:_____ (Y/M/D)	ETOH?_____ Sex: Male____ Female____	Drugs?_____ Race: Caucasian____ Black____ Other____
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Grade:____ MOS:____ Branch of Service:____ Unknown____

Organization:____ Duty Station:____

Present Address (Include city, state, zip code) Duty phone:____

Education	Marital Status: Married____ Divorced____	ETOH____
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Level:____ Legal Separation____ Widowed____ Single____ Drugs____

Name of Parent	SSN:	Relationship
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(Last, First, MI)

Birthdate:_____ (Y/M/D/	ETOH?_____ Sex: Male____ Female____	Drugs?_____ Race: Caucasian____ Black____ Other____ Unknown____
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Present Address (Include city, state, zip code) Home phone:____

Education	Marital Status: Married____ Divorced:____
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Level:____ Legal Separation____ Widowed____ Single____

Name of Other Person Involved	SSN:	Blood Relative Yes:____ No:____
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(Last, First, MI)

Birthdate:_____ (Y/M/D/)	Sex: Male____ Female____	Race: Caucasian____ Black:____ Other____
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Service Member: Yes____ No____ Grade:____ Branch of Service:____

Organization:____ Duty Station:____

CHILD ABUSE CHECKLIST

DATE: _____

DUTY DOCTOR _____ OFFICER OF THE DAY _____

OOD'S INITIALS	SEQUENCE TO FOLLOW	REMARKS
	1. Determine if suspicion Child Abuse	
	2. Privacy Act Signed Page 2 of checklist	
	3. Release of Information signed. Page 3 of checklist	
	4. Fill out Demographic Grid sheet. Page 4 of Checklist	
	5. Complete form 11166PC Page 5 of checklist	
	6. If positive physical findings, complete form DOJ 900. Page 6 of Checklist	
	7. Call photographer after Medical Officer examination if required. (color film only)	
	8. Pediatrician consulted	Time _____ Name _____
	9. NCIS notified	Time _____
	10. CPS notified (1-800-833- 8344, after hours 714- 855-0938	Time _____
	11. Social Worker notified	Time _____

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DD FORM 2005 (PRIVACY ACT STATEMENT HEALTH CARE RECORDS)

San Bernadino County
DEPARTMENT OF PUBLIC SOCIAL SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION

- I. I authorize the United States Marine Corps and its representatives: Chaplains Office, Naval Hospital, Staff Judge Advocates Office, Investigative Departments, Family Services and Family Advocacy Committee to disclose to the San Bernadino County Department of Public Social Services or Child Protection and Placement Services the following information:
All medical, psychological, psychiatric and social evaluations and treatment.
The disclosure is for the following purpose:

Juvenile court process and therapeutic intervention.

- II. I authorize the San Bernadino County Department of Public Social Services/Child Protection and Placement Services to disclose to the United States Marine Corps and its representatives: Chaplains Office, Naval Hospital, Staff Judge Advocates Office, Investigative Departments, Family Services and Family Advocacy Committee the following information:

Necessary to facilitate therapeutic information.

The disclosure is for the following purpose:

Juvenile court process and therapeutic intervention.

This authorization may be revoked in writing at any time by the undersigned, and if not revoked, it shall terminate on:

(Date, Event or Condition)

Name: _____ Witness: _____
(Print)

Signature: _____ Title: _____

Date: _____
CCPS 32 (Rev 11/80)

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SUPPLEMENTAL INFORMATION SHEET; CHILD/SPOUSE/NEGLECT SEXUAL
ASSAULT OR RAPE

Complete accurately, as this form is the basis of legal and
NAVMED reports required by California law and BUMED instructions.

Name of Abused/Neglected _____ Sex: Male____ Race: Caucasian____
Female____ Black____
(Last, First, MI) Other____

Birthdate:_____
(Y/M/D)

Name of Sponsor _____ SSN: _____ Relationship _____

(Last, First, MI) ETOH? _____ Drugs? _____
Birthdate:____ Sex: Male____ Race: Caucasian____
(Y/M/D) Female____ Black____ Other____

Grade: MOS: Branch of Service: Unknown

Organization: _____ Duty Station: _____

Present Address (Include city, state, zip code) Duty phone: _____

Education Marital Status: Married____ Divorced____ ETOH____
Level: Legal Separation Widowed Single Drugs

Name of Parent _____ SSN: _____ Relationship _____

(Last, First, MI) ETOH? _____ Drugs? _____
Birthdate:____ Sex: Male____ Race: Caucasian____
Female____ Black____ Other____
(Y/M/D) Unknown

Present Address (Include city, state, zip code Home phone: _____

Education Marital Status: Married____ Divorced____
Level: Legal Separation Widowed Single

Name of Other Person Involved _____ SSN: _____ Blood Relative
Yes:____ No:____

(Last, First, MI)
Birthdate:____ Sex: Male____ Race: Caucasian____
Female____ Black____ Other____
(Y/M/D) Unknown

Service Member: Yes____No____ Grade: Branch of Service:

Organization: _____ Duty Station: _____

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SUSPECTED CHILD ABUSE REPORT 11166 (PC) AT PRESENT IS ONLY
AVAILABLE IN HARD COPY FROM CENTRAL FILES (2 pages)

DFALO SEXUAL ASSUALT GUIDELINES

1. The OOD is designated as the DFALO after normal working hours and shall:

a. Render initial assistance to, and ensure safety of all suspected victims of abuse, neglect or sexual assault. Reports are made to cognizant authorities and referrals are made to appropriate clinicians.

b. Be familiar with reference (e) including reporting requirements and case protocols.

c. Notify and have present a NCIS agent for all sexual assault cases. Provost Marshal Office (PMO) may also be present.

(1) The NCIS agent has the primary responsibility for the disposition of the case in emergency setting.

(2) The NCIS agent is responsible for notifying Child Protection Service (CPS) or California Highway Patrol (CHP) if necessary.

d. Assist the NCIS agent as needed.

e. Establish individual files for each case. This file should contain a completed enclosure (2) as well as any other pertinent documents or information.

f. Ensure the "Rape Kit" procedures for custody are adhered to as directed by the NCIS agent.

g. Obtain the MCAGCC Duty Photographer if requested.

h. Inform the CDO and Commanding Officer before any child is taken into custody by a civilian agency or removed from the base.

i. Forward case files and brief the FAR at the start of the next work day.

j. Provide support to the victim and family through the emergency evaluation. Consider assigning a staff member of the same sex to stay with the victim through all procedures,

k. Make appropriate notifications as required by reference (f) and this instruction.

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2. To notify the FSC of sexual assault incidents occurring during normal working hours (0730-1630), contact the Family Advocacy Program Manager at 830-6345. Indicate this is a FAP incident so that they may provide a timely response. After normal working hours or weekends, contact the MCAGCC CDO at 830-7200 to provide appropriate interventions.

DFALO SPOUSE ABUSE GUIDELINES

1. The OOD is designated as the DFALO after normal working hours and shall:

a. Use enclosure (2) as a checklist for spouse abuse situations.

b. Render initial assistance to, and ensure safety of all suspected victims of abuse, neglect or sexual assault. Reports are made to cognizant authorities and referrals are made to appropriate clinicians.

c. Be familiar with reference (e) including reporting requirements and case protocols.

d. Notify and have present a PMO representative from the Criminal Investigation Division (CID) at all spouse abuse cases.

(1) The CID agent has the primary responsibility for the Disposition of the case in the emergency setting.

(2) CID will make all other police notifications.

e. Assist the CID agent.

f. Establish individual files for each case. This file should contain a completed enclosure (2) as well as any other pertinent documents or information.

g. Ensure that the perpetrator has been restricted to their command barracks before the victim returns home. If the victim elects, they may go to the UNITY HOME (Hotline# 366-9663).

h. Inform the CDO, Commanding Officer and the perpetrator's Commanding Officer.

i. Provide support to the victim and family through the emergency evaluation. Do not take sides on any family issues. Act as an advocate for the victim.

j. Make appropriate notifications as required by reference (e) and this instruction.

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2. To notify the FSC of spouse abuse incidents occurring during normal working hours (0730 - 1630), contact the Family Advocacy Program Manager at 830-6345. Indicate this is a FAP incident so that they may provide a timely response. After working hours or on weekends, contact the MCAGCC CDO AT 830-7200 to provide appropriate interventions.

DFALO CHILD ABUSE GUIDELINES

1. The OOD is designated as the DFALO after normal working hours and shall:

a. Render initial assistance to, and ensure safety of all suspected victims of abuse, neglect or sexual assault. Reports are made to cognizant authorities and referrals are made to appropriate clinicians.

b. Be familiar with reference (e) including reporting requirements and case protocols.

c. Notify and have present a NCIS agent for all child abuse cases.

(1) The NCIS agent has the primary responsibility for the disposition of the case in the emergency setting.

(2) The NCIS agent is responsible for notifying CPS if necessary.

d. Assist the NCIS agent as needed.

e. Establish individual files for each case. These files should contain a completed enclosure (3) as well as other pertinent documents or information.

f. Forward case files and brief the FAR at the start of the next work day.

g. Provide support to the parents and children during the emergency evaluation. Do not take sides on any family issues. Explain the required legal procedures. Act as an advocate for the family unit.

h. Make appropriate notifications as required by reference (e) and/or the attending physician.

2. To notify the FSC of child abuse incidents during normal working hours (0730 - 1630), contact the family Advocacy Program Manager at 830-6345. Indicate this is a FAP incident so that they may provide a timely response. After normal working hours or on weekends, contact the MCAGCC CDO at 830-7200 to provide appropriate interventions.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE